

# IME Roundtable

*January 13, 2022*



# Announcements/Introductions

## Introductions

### Zoom Meeting Reminders:

- Mute when not speaking to limit background noise
- Raise hand or use chat feature
- Opt out of video if having connection issues

## AGENDA

TIME	TOPIC	PRESENTER
9:30 am	Announcements, Safety Message, Introductions, Agenda	Kristen Baldwin-Boe
9:35 am	Reminder: Claimant COVID Exposure at an IME Process	Kristen Baldwin-Boe
9:40 am	Case Progress/Disputes/Appeals	Debra Hatzialexiou
10:00 am	IME Fee Schedule Review Discussion	Bob Mayer/Sean Holloman
10:20 am	Somatic Symptom Disorder Board Decision	Dane Henager, AAG
10:35 am	IME Program Updates <ul style="list-style-type: none"> <li>• Interpretation Services</li> <li>• 2<sup>nd</sup> Quarter Examiner Surveys</li> <li>• IME Steering Committee Update</li> <li>• 6440 Legislative Update</li> <li>• Measuring IME Quality/ONC</li> <li>• MEH 2022 updates</li> <li>• Telemedicine Rule Update</li> </ul>	<ul style="list-style-type: none"> <li>• Cristy Zarate</li> <li>• Kelli Fussell</li> <li>• Karen Jost</li> <li>• Karen Jost</li> <li>• Tanya Weber</li> <li>• Kristen Baldwin-Boe</li> </ul>
11:30 am	10-MINUTE BREAK	All
11:40 am	Unit Updates <ul style="list-style-type: none"> <li>• Claims               <ul style="list-style-type: none"> <li>○ How many IMEs are too many?</li> <li>○ Clarification on Retro Communication</li> <li>○ Consultations versus IMEs</li> </ul> </li> <li>• Scheduling               <ul style="list-style-type: none"> <li>○ Referral Statistics/COVID Scheduling Trends</li> </ul> </li> <li>• Self-Insurance               <ul style="list-style-type: none"> <li>○ SI IME Trends</li> <li>○ SI EDI Data</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Nancy Adams</li> <li>• Stuart Bammert</li> <li>• Kelli Zimmerman</li> <li>• LaNae Lien</li> <li>• Knowrasa Patrick</li> </ul>
12:00 – 12:30	Around the Table Discussion <ul style="list-style-type: none"> <li>• Hot Topics</li> <li>• Questions and Comments</li> <li>• Future Topic Suggestions</li> </ul>	All

# Safety Topic: Tips for walking on ice



- Take small steps
- Slide your feet, don't take steps
- Bend your knees, arms out: like a penguin
- Hands out for balance
- No phone
- Shoe grips or ice cleats

# Process for Claimant COVID Exposure

- IME firm confirms claimant exposure during an IME
- Immediate email notification to L&I
  - Exam dates and claim numbers
- IME firm then contacts claimant(s)
- Email to L&I with date of claimant notification

# *Independent Medical Examination (IME) – Case Progress/Disputes/Appeals Rules*





## *Projected Timeline of Rulemaking*

- CR-102/Proposed rules filed December 21, 2021 (written comment period open until January 25, 2022 at 5:00 p.m.)
- Telephonic/Zoom Hearing will be held January 25, 2022 at 9:00 a.m.
- File CR-103/Adoption February 15, 2022
- Anticipated effective date of rules March 20, 2022

# Thank you

Please send comments to:  
Suzy Campbell  
[suzanne.campbell@Lni.wa.gov](mailto:suzanne.campbell@Lni.wa.gov)





# IME Fee Schedule Review

Robert Mayer

Sean Holloman

Healthcare Policy and Payment Methods

- The IME payment policy workgroup fee schedule workstream developed a modified IME Fee Schedule draft and internally stakeholdered it.
- The draft is being re-worked, and we are considering the following:
  - Condensing the fee schedule by bundling some ancillary billing codes into existing base codes
  - Increasing base code fees as a result of the bundling
  - Creating one multiple claims billing code to be billed by units (e.g. a 2 claims IME = 2 units)
  - Creating a single generic no show billing code
  - Creating a single generic late cancellation billing code
  - Creating a new base billing code for hard to recruit provider specialties

Next steps will be to:

- get internal management approval of concept and the fee schedule draft
- stakeholder externally
- consider giving a one-time additional COLA in 2022 for the IME fee schedule

# Questions?



# Board Significant Decision on Somatic Symptom Disorder – Dane Henager

- WAC 296-14-300(3): “Mental conditions or mental disabilities that specify pain primarily as a psychiatric symptom (e.g., somatic symptom disorder, with predominant pain), or that are characterized by excessive or abnormal thoughts, feelings, behaviors or neurological symptoms (e.g., conversion disorder, factitious disorder) are not clinically related to **occupational exposure.**” (emphasis added)

# Board Significant Decision on Somatic Symptom Disorder – Dane Henager

- “As written, WAC 296-14-300(3) applies only to **occupational exposures**. Although the term **occupational exposure** isn’t defined anywhere in Title 51, it is certain that the Department didn’t intend to have the regulation apply to industrial injury claims or it would have used precise language and the term **injury** in the WAC.”  
- *In re Martha Perez*, BIIA Dec., 18 10694 (2019) (emphasis in original).

# Board Significant Decision on Somatic Symptom Disorder – Dane Henager

- Decision was appealed to superior court by the Department, but was voluntarily dismissed by the Department.
- Currently, WAC 296-14-300(3) does not apply to industrial injury claims, per this Board decision.

# Questions?



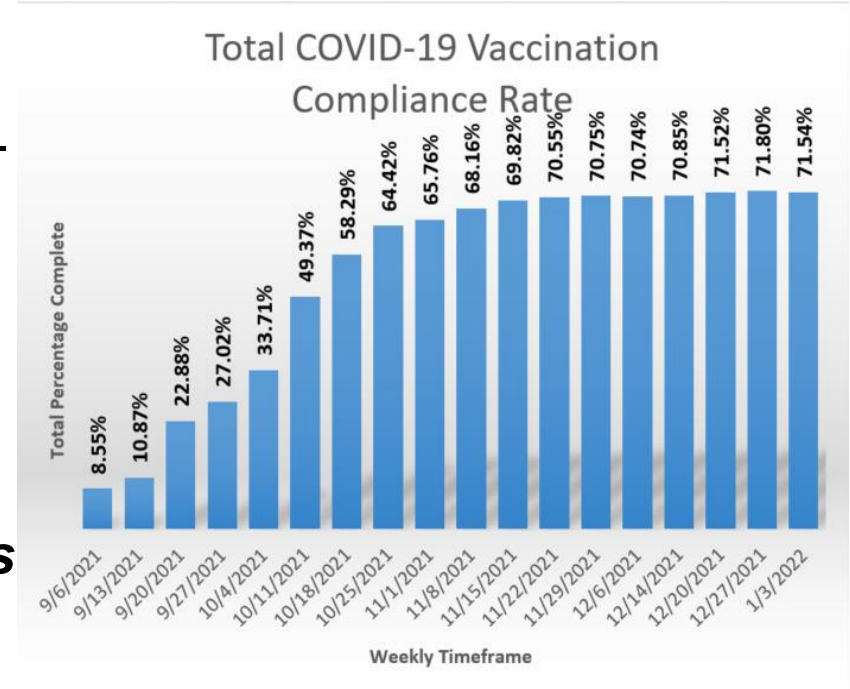


# Interpretation Services Program Update

Cristy Zarate  
Interpretation Services Manager

# LAP COVID Vaccination Rates

- In-person Language Access Providers (LAPs) were required to be fully vaccinated against COVID-19 by October 18.
- ***interpretingWorks*** is verifying vaccination records for all LAPs registered in the scheduling system.
- Neither L&I nor ***interpretingWorks*** are verifying vaccination status for on-demand LAPs.



# CTS LanguageLink

- **CTS LanguageLink** over-the-phone (OPI) and video remote (VRI) interpretation services are the backup when an in-person interpreter is not secured.

Over the Phone Interpretation Services		
Week Ending	Total OPI	Unfulfilled rates
10/3/2021	531	0.0037%
10/10/2021	485	0.0144%
10/17/2021	463	0.0086%
10/24/2021	521	0.0134%
10/31/2021	543	0.0055%
11/7/2021	545	0.0128%
11/14/2021	470	0.0042%
11/21/2021	528	0.0151%
11/28/2021	313	0.0095%
12/5/2021	506	0.0098%
12/12/2021	505	0.0019%
12/19/2021	456	0.0022%
12/26/2021	410	0.0073%
1/2/2022	315	0.0095%

Video Remote Interpretation Services	
Week Ending	Total VRI
10/17/2021	8
10/24/2021	11
10/31/2021	10
11/7/2021	8
11/14/2021	6
11/21/2021	6
11/27/2021	4
12/5/2021	5
12/12/2021	9
12/19/2021	8
12/26/2021	8
1/2/2022	10

# LAP Late Cancelations and No-shows

- ***interpretingWorks*** is tracking and monitoring LAP late cancelations and no-shows.
- L&I and ***interpretingWorks*** are in the process of implementing an Incident Resolution Process (IRP) for LAPs.
- ***interpretingWorks*** is conducting outreach and educating LAPs of the effects on injured workers and how this behavior impedes the doctors from providing quality care.

# Process Revisions for IMEs

- Immediate email notification when no approved LAP in the scheduling system in the language requested
- Email notification if request remains unfulfilled 2 weeks prior to the appointment date
- On-demand can be used only when
  - Request not filled 24 hours prior to the IME
  - Assigned LAP cancels within 24 hours of the exam
  - Assigned LAP does not show up for the exam
- ASL/touch interpretation not available through ***interpretingWorks***.  
Use the LAP lookup tool: **<https://secure.lni.wa.gov/interpreters/>**

# Interpretation Services Contact Information

***interpretingWorks*** For in-person interpretation scheduled appointments

Phone: 800-905-0896, ext. #5

Email: [support@interpreting.works](mailto:support@interpreting.works)

***CTS LanguageLink*** For over the phone and video remote interpretation

Medical Providers: 877-626-0678

VOC Counselors: 844-303-7212

Activity Coaches: 844-303-5430

Client Relations: 855-579-2704

Email: [ClientRelations@Language.Link](mailto:ClientRelations@Language.Link)

# Interpretation Services Contact Information

***For questions or comments about arranging interpreter services, please contact:***

**Cristy Zarate**

Interpretation Services Program Manager

Phone: (360) 902-6329

Email: [Cristy.Zarate@lni.wa.gov](mailto:Cristy.Zarate@lni.wa.gov)

L&I interpretation mailbox: [Interpretation@Lni.wa.gov](mailto:Interpretation@Lni.wa.gov)

# Questions?





# Examiner Exit & Retention Surveys – Kelli Fussell

- Survey process initiated 4/1/2021
- Two quarters worth of data now available  
(Q2 April-June, Q3 July-September)

# Total Results – Retention Surveys

- 6 Retention Surveys received – Apr-Jun  
(19 sent out, 32% return rate)
- 2 Retention Surveys received – July-Sept  
(15 sent out, 13% return rate)
- 23% Overall Return Rate for 2 Quarters
  - Suggestions to improve response rate?

# Total Results for 2 Quarters – Retention Surveys

- How satisfied are you conducting IMEs for L&I?  
(1-10 scale, with 10 most satisfied)
  - 2 responses = 4 (25%) – Chiro/Psych
  - 1 response = 6 (12.5%) - Chiro
  - 1 response = 7 (12.5%) - Ortho
  - 2 responses = 8 (25%) – Ortho/Ortho
  - **2 responses = 10 (25%) – Ortho/Dentistry**

- What should we continue doing to keep your satisfaction at a 10?
  - *Have records emailed at least 2 weeks in advance of the IME (1 response)*
  - *No recommendations; I think format is fine (1 response)*

- What are some of the reasons you continue doing IMEs? (new quarter responses)
  - *Good experience, enjoy working with & meeting the claimants; want to help out in any way I can (2)*

- What are reasons you would potentially stop doing IMEs?
  - *Time is money; if fees were lower or not manageable with overhead, we would have to consider alternatives*
  - *COVID-19 and traveling risk/hassle (from Florida)*

- Regarding SF vs SI IME preference:
  - State Fund Preferred – 2 responses
  - Self-Insurance – 1 response\*
  - Both – 5 responses (***includes 2 new ones***)

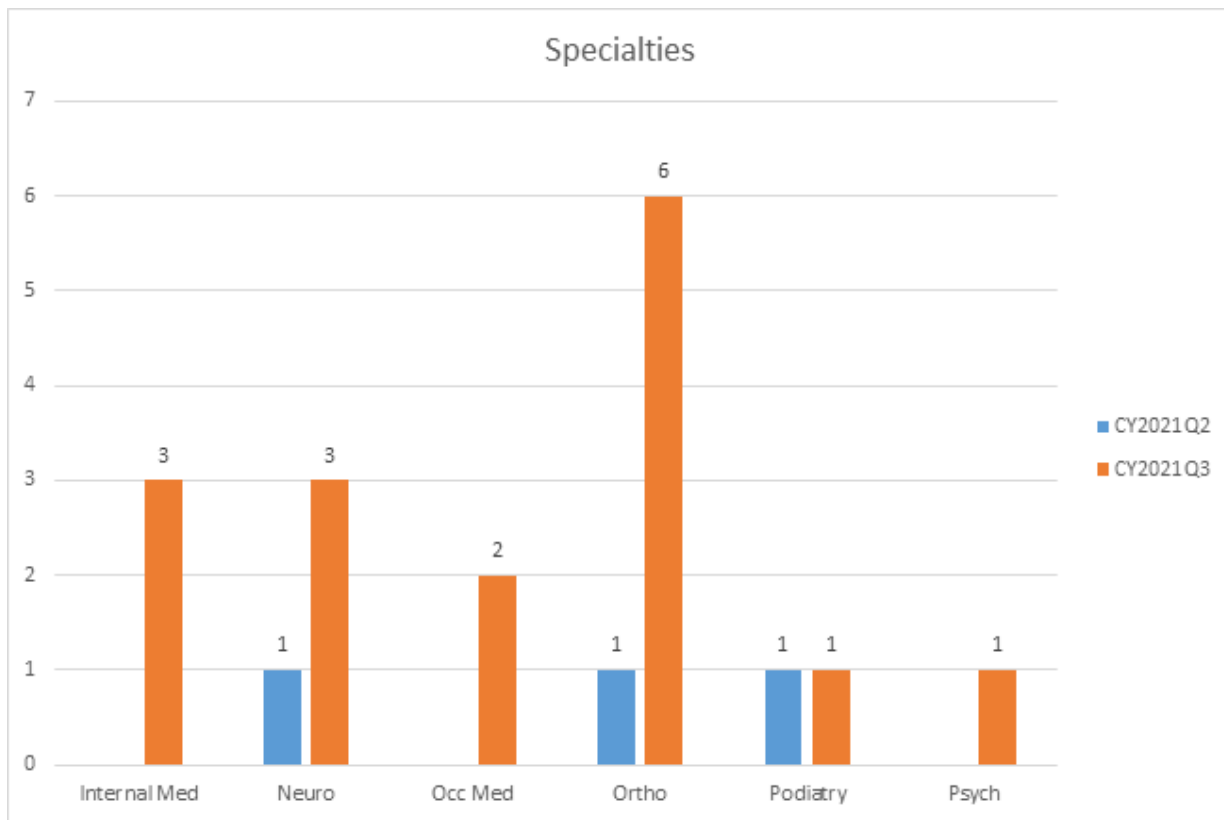
\*Examiner stated, “*Perhaps not legal, but TPAs will actually pay for my time to do an excellent job.*”

# Total Results – Exit Surveys

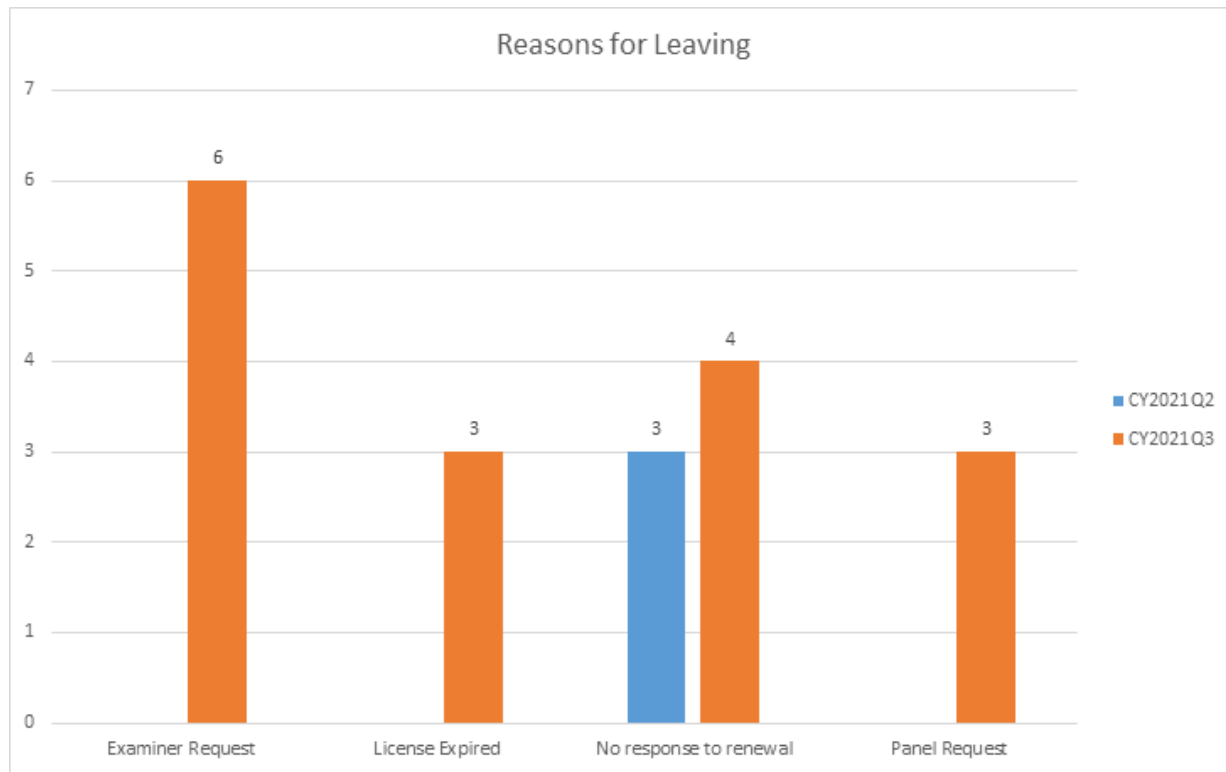
- 19 Total Exit Surveys sent out in 2 quarters
- 0 Exit Surveys received – Apr-Jun  
(3 sent out)
- 4 Exit Surveys received – July-Sept  
(16 sent out, 25% return rate)
  - See Exit Survey results sent under separate email
- Next slides show demographics of 19 examiners who have left the IME program



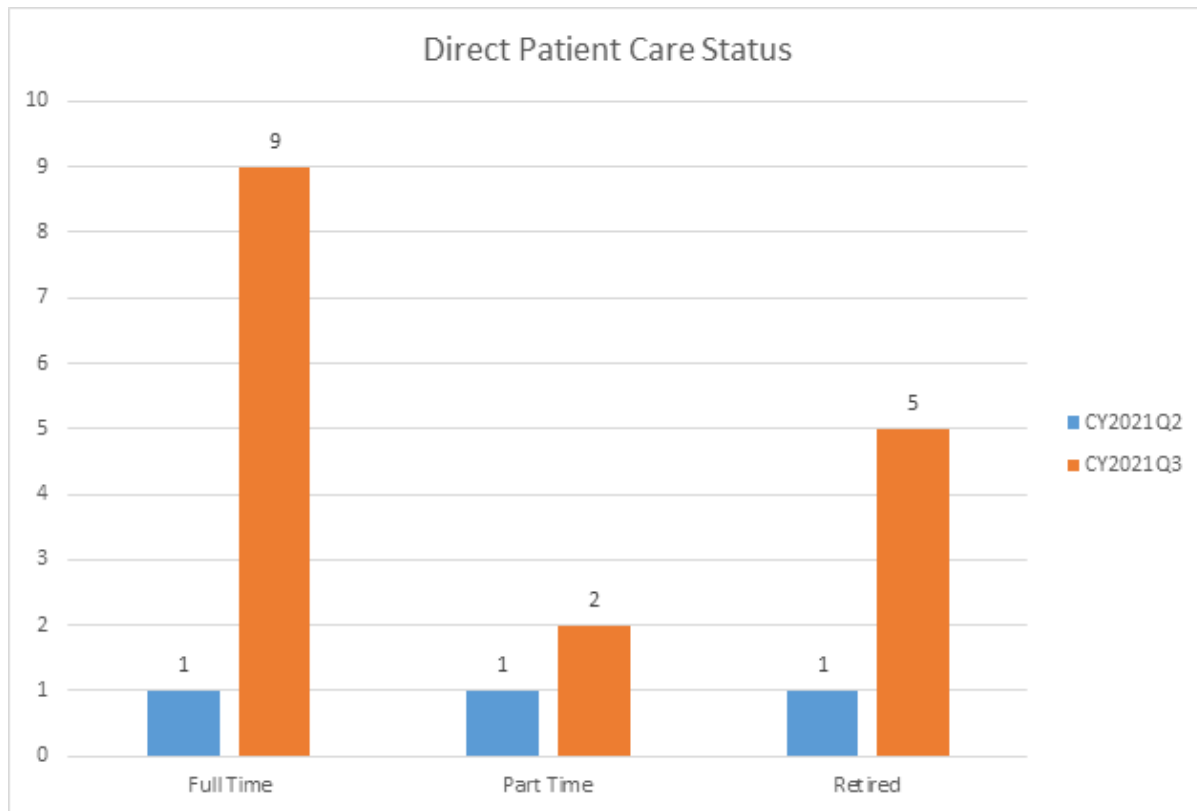
# Exit Surveys Sent by Specialty



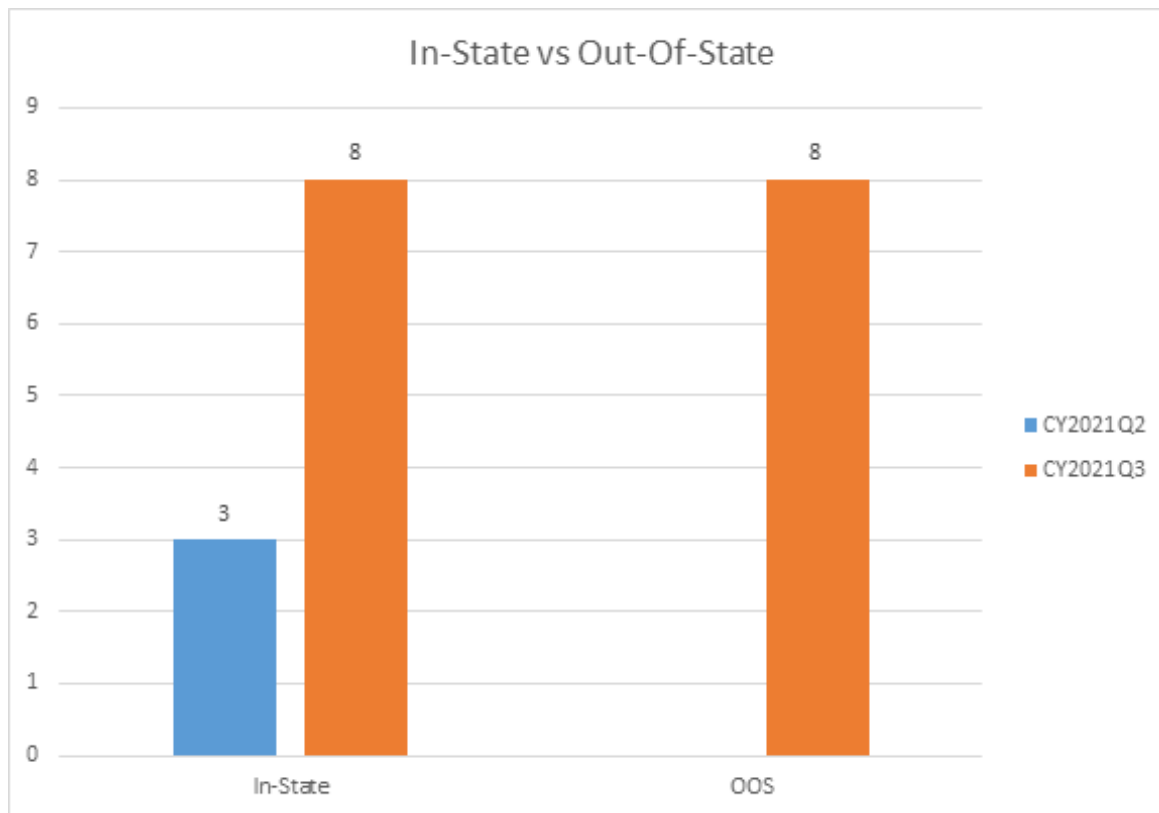
# Reason Examiner was Removed from Approved List (and Survey sent)



# Examiner Status for Exit Survey



# In-State versus Out-of-State Examiners



# Questions?



# ESSB 6440 Legislative Update January 2022 Report

*Karen Jost, Health Services Analysis Program Manager*



# Work Under Way

- Fee schedule
- Rulemaking

# Rulemaking Timeline

- 12/21/21 CR102s filed
- 1/25/22 Hearings
- 2/15/22 File CR103s
- 3/20/22 Projected Effective



# Rulemaking

## Defining case progress

- WAC 296-23-302 Definitions (case progress examination).
- WAC 296-23-308 Scheduling case progress examinations.

# Rulemaking

Improve the department's ability to intervene on SI IME disputes

- WAC 296-15-440 Use of independent medical examinations. What will the department consider when resolving a dispute to a scheduled independent medical exam (IME) in a self-insured claim?

# Rulemaking

Focus on the subset of claims that have too many IMEs

- WAC 296-23-309 How many examinations may be requested?

# Rulemaking

Additional WAC not specific to a recommendation in the legislative report

- WAC 296-23-401 Can the department schedule an examination or order a self-insured employer to schedule an examination after receipt of an appeal to the board of industrial insurance appeals (BIIA)?

# Rulemaking

## Reporting

- WAC 296-23-403 Independent medical examinations – Department data reporting.

## Decision to not proceed with recommendations

- Rulemaking to limit hand-selection of examiners
- Rulemaking to set an enforceable deadline for records to be sent to examiner (SI claims)
- Develop consultant list

## IME Steering Committee discussions since September 2021 update

Topic	Summary	Status
<b>ESSB 6440 Work Group Recommendations presented:</b>		
Focus on subset of claims that have too many IMEs.	An analysis was done of this subset of claims: 1-2% of all claims fall into this category. Work has begun on what qualities make a claim more complex possibly requiring more IMEs.	In process
IME Payment Policy Work Group	Multiple update requests are being evaluated.	In process

# Future Work

- Explore additional ways to reduce number of IMEs per claim
- Quality of chart notes and required report documentation of attending providers
- Consider whether requirements on IME report documentation can be streamlined
- Implement Electronic Data Interchange (EDI) to collect billing data for medical testimony



# Questions?



# IME Quality

Tanya Weber, BSN, RN  
IME Occupational Nurse Consultant

# Telemedicine IME Report Quality Reviews

- Telemedicine IMEs have been approved for:
  - Mental Health
  - Dermatology
  - Speech (when there is no documented hearing loss)
  - Kidney Function
  - Hematopoietic System
  - Endocrine
- Must ensure telehealth is the appropriate method of service delivery
- The Claims Manager, worker, representative, employer, or any other party to the claim must *all* agree on having the exam via telehealth

- Telemedicine IMEs conducted between 3/30/2020 and 6/25/2021:
  - 208 unique claim numbers
  - Mental health is the primary specialty using telemedicine
- Quality review was performed using a Quality Report Review checklist developed specifically for Telemedicine IMEs

## Telehealth-specific IME report review findings:

- 67% of the reports did not state the physical location of injured worker and examiner (vs 72% for period ending 12/31/2020)
- 46% of the reports did not follow the process on agreement by all parties prior to exam (vs 57% for period ending 12/31/2020)
- 23% of the reports did not contain language regarding IME being conducted via telehealth (vs 24% for period ending 12/31/2020)

## Telehealth vs Non-Telehealth report review findings:

- 15% of the reports needed an addendum for clarification (vs 19% as of 12/31/2020 and 3% for other examiner groups)
- 2% of the reports did not list history of present injury or condition (vs 18% as of 12/31/2020 and <1% for other examiner groups)

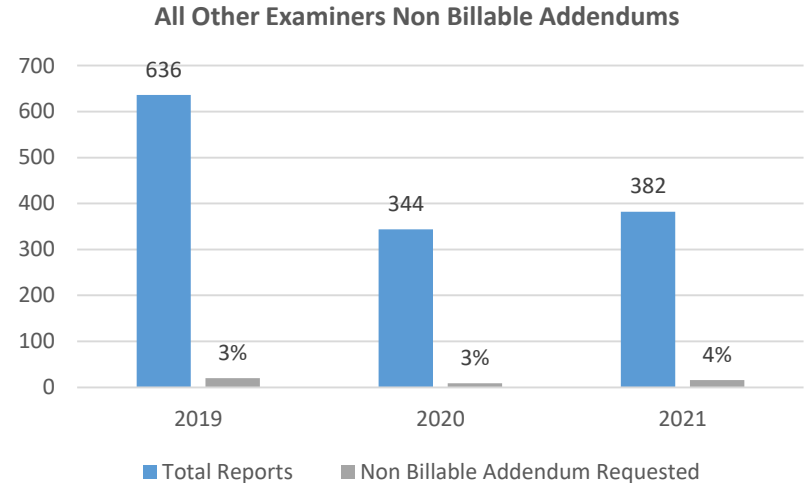
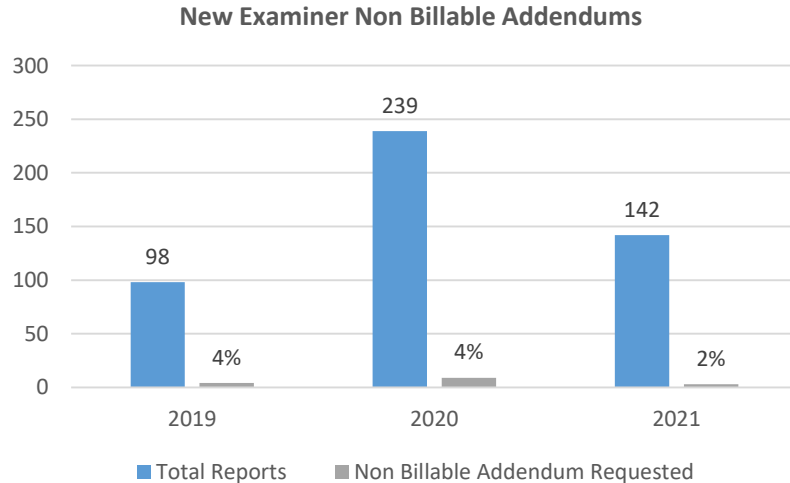
# Questions?



## IME Report Quality Review Data 2021

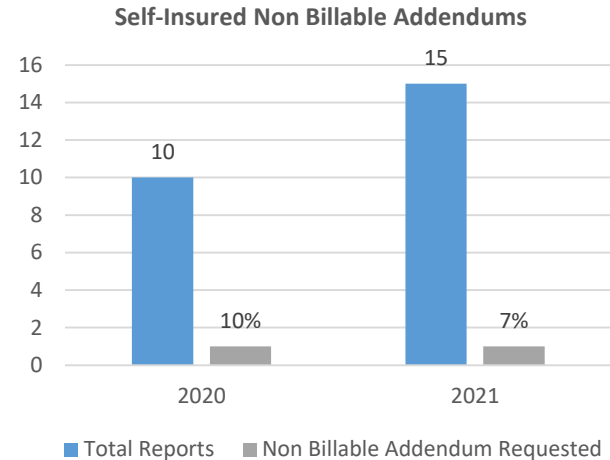
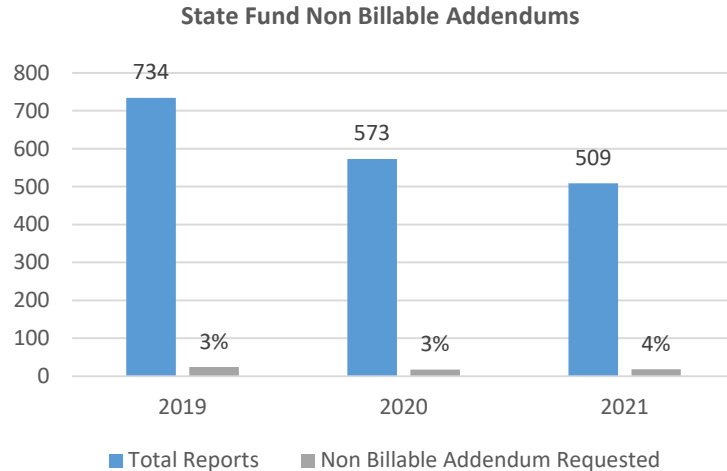
- 706 total State Fund IME reports reviewed YTD through 11/30/2021
  - 168 New examiner reports reviewed (twice in year one of doing IMEs)
  - 159 Recertifying examiner reports reviewed (done each 3-year cycle)
  - 18 Focused report reviews (based on complaints/concerns)
  - 361 10% Sample reports reviewed (max. 100 reports/examiner)
- 25 total Self-Insured IME reports reviewed YTD through 11/30/2021

# New Examiners vs All Other Examiners Non-Billable Addendum Requests



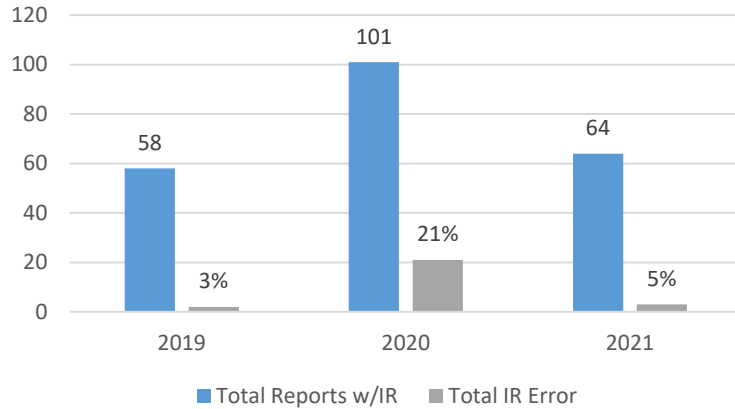


# State Fund vs Self-Insured Examiners Non-Billable Addendum Requests

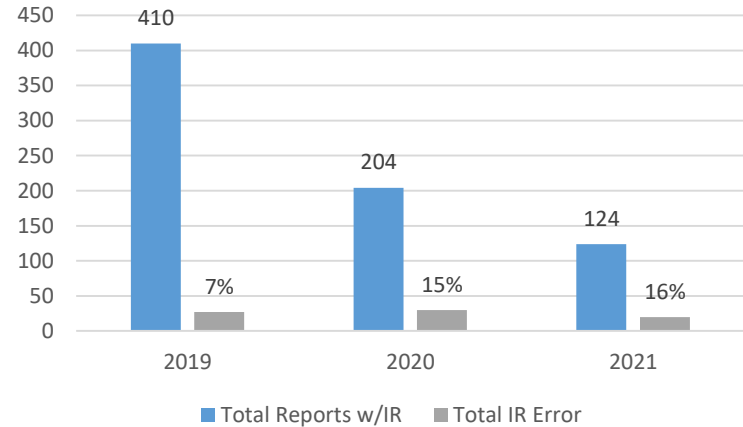


# New Examiner vs All Other Examiners Impairment Rating Accuracy

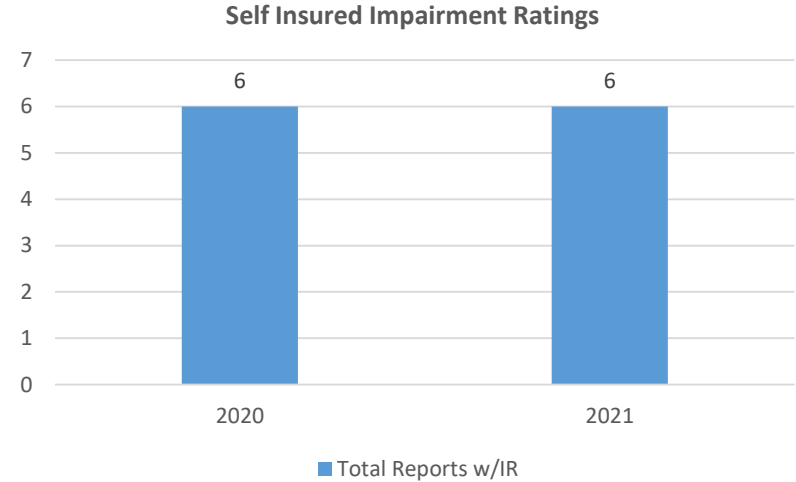
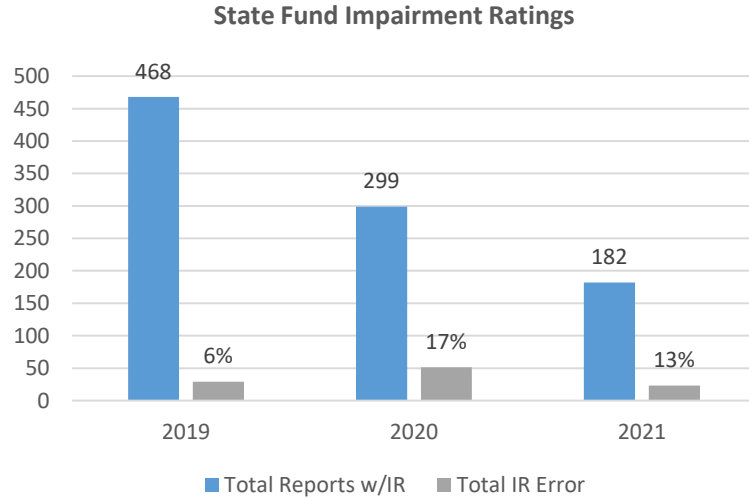
## New Examiner Impairment Ratings



## All Other Examiners Impairment Ratings



# State Fund vs Self-Insured Impairment Rating Accuracy



## Findings and Next Steps

- Non-billable addendum request rates remained consistent among examiner groups with the exception of self-insured, which was higher
  - This could be an outlier based on the small quantity of SI reviews
  - *We will continue monitoring this data over more time and see what the findings are after we have a larger quantity of report data*
- Impairment Rating accuracy was *inconsistent* across most examiner groups
  - Findings included:
    - Wrong rating system used
    - Wrong table/figure used from the 5<sup>th</sup> edition AMA
    - Errors in calculating the IR
- SI examiner group had no IR errors but the number of reports was too small to draw a conclusion
- *The department is evaluating additional training resources for examiners to help address impairment rating gaps.*

# Questions?



# MEH Updates – Kristen Baldwin-Boe

- Medical Examiners' Handbook 2022 Updates
  - Send clarification or update suggestions to Kristen
  - MEH update team began meeting this month to review the handbook for changes and discuss suggested edits that we have collected since the July 2021 update.
  - MEH test will also be reviewed for updates

# Telemedicine/Worker Accommodation Rule-Writing – Kristen Baldwin-Boe

6440 Legislation required the department to create rules for how to accommodate the worker when there is no examiner in a reasonably convenient location, to include telemedicine when appropriate; and for governing the use of telemedicine for IMEs.

- Completed:
  - UW study and IME ONC review of telemed mental health IMEs
  - 1<sup>st</sup> draft of rule language
  - Internal stakeholder group has commented and edited the draft language
  - Sent to upper level managers for comments
- Next Steps:
  - Working through questions and comments from
  - Schedule external stakeholder group review and comments
  - CR102 (anticipate filing March/April 2022)

# Questions?







# Claims Department – Nancy Adams

- *How many IMEs are too many?*
- *Clarification on Retro communication*
- *Consultations versus IMEs*

## Average and Median Days From Claim Receipt to First Claim Closure by Year of Closure for State Fund Claims

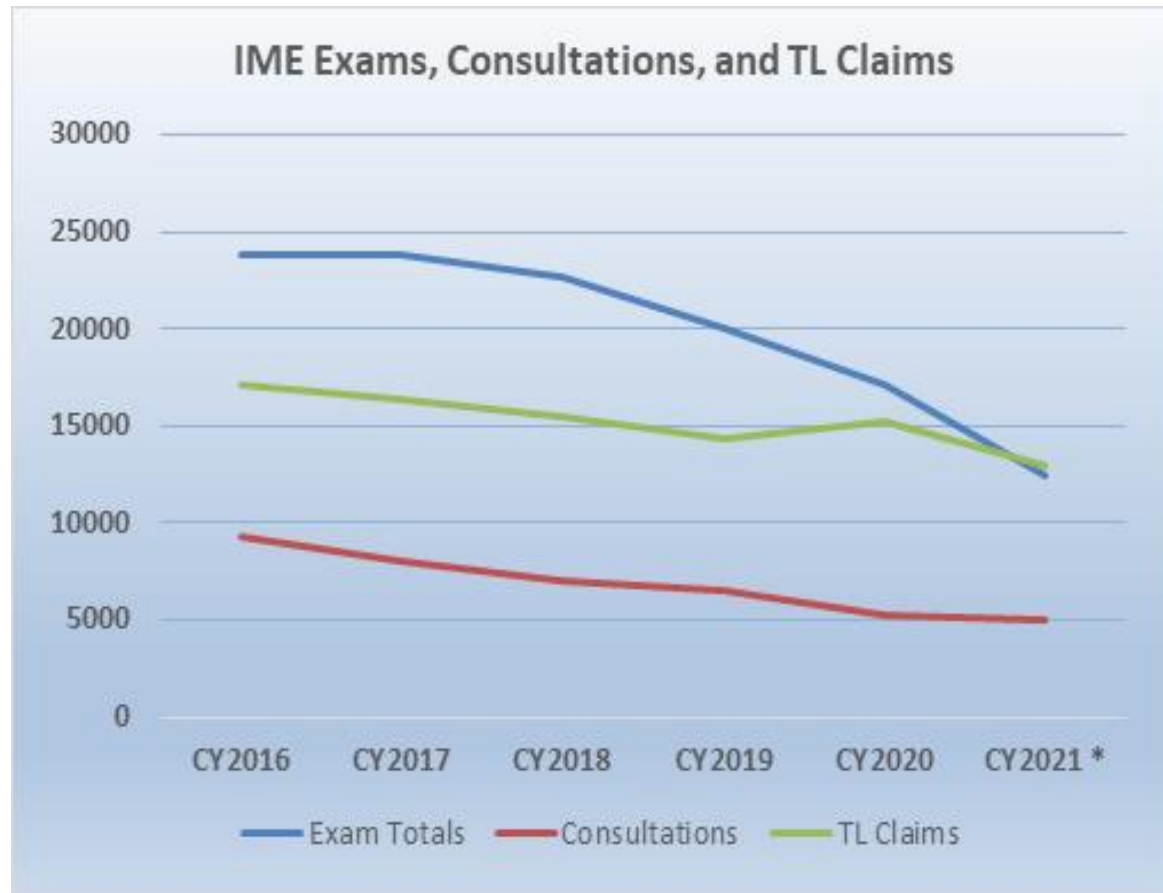
	Medical Only			Time-Loss with No PPD			PPD and/or Time-Loss			Total		
Year (CY) Closed	Claims Closed	Avg Days to Closure	Median Days to Closure	Claims Closed	Avg Days to Closure	Median Days to Closure	Claims Closed	Avg Days to Closure	Median Days to Closure	Claims Closed	Avg Days to Closure	Median Days to Closure
2017	75,325	99	81	12,796	314	184	8,059	768	507	96,180	181	89
2018	80,834	89	59	12,217	313	185	7,702	767	496.5	100,753	165	76
2019	79,164	92	62	11,578	333	199	7,252	742	501	97,994	167	76
2020	63,722	98	56	12,540	292	170	6,433	738	511	82,695	175	76
2021	65,319	95	54	13,019	303	170	5,707	789	555	84,045	172	74

## Average and Median Days From Claim Receipt to First Claim Closure by Year of Closure for State Fund Claims (Covid-Related Claims)

	Medical Only			Time-Loss with No PPD			PPD and/or Time-Loss			Total		
Year (CY) Closed	Claims Closed	Avg Days to Closure	Median Days to Closure	Claims Closed	Avg Days to Closure	Median Days to Closure	Claims Closed	Avg Days to Closure	Median Days to Closure	Claims Closed	Avg Days to Closure	Median Days to Closure
2020	1,030	27	18	1,819	34	23			0	2,849	31	22
2021	368	94	46	1,882	51	31	4	568	437	2,254	59	33

# Scheduling Unit – Stuart Bammert

- *Scheduling trends*



- IME utilization was 2,000/month before Sept 2018
- Trend has steadily decreased since then
- 11% drop in completed IMEs in 2019
- 14% drop in 2020 when the pandemic hit
- 25% drop since January 2021
- Overall 40% drop in the last 3 years

# Possible reasons for decline

- 2018-19 – Claims refresher training
- 2020 – COVID impact
  - Delays or complete disruption of all medical services
  - Scheduling delays, rescheduling backlog
  - Workers not attending IMEs due to COVID concerns
  - Travel bans and mandates
  - Unwillingness of some IME examiners to conduct in-person IMEs due to their own risk factors



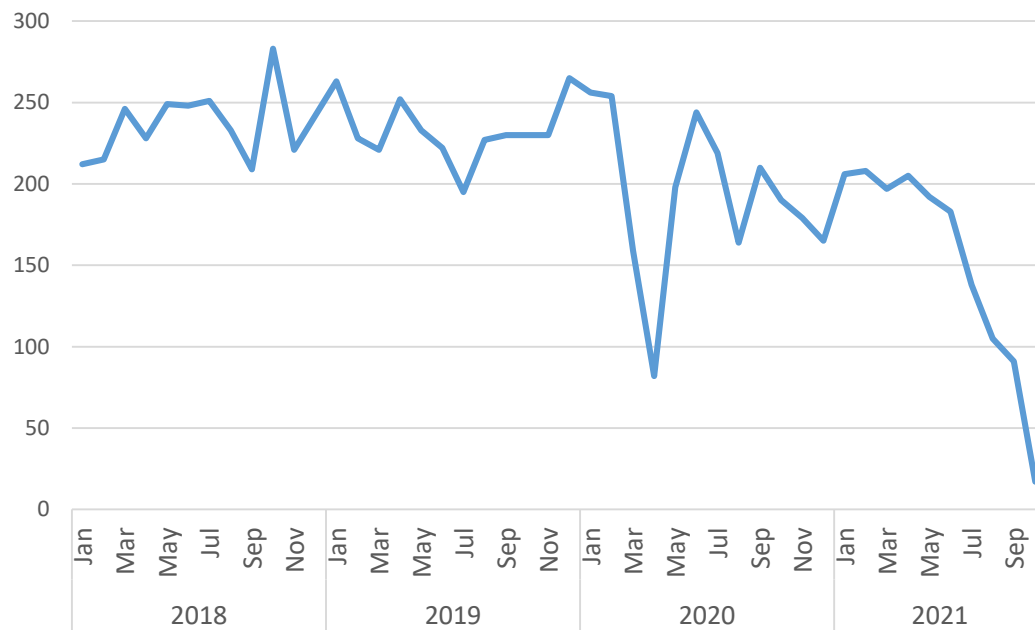
# Possible reasons for decline (cont.)

- 2021 – ESSB 6440 became effective 1/1/2021
  - Claim Managers are now limited to a specific set of instances when requesting an IME
  - Law prevents the insurer from charging workers a no-show fee if they provide at least 5 business days' notice

# Self-Insured Independent Medical Examinations (IMEs)

# Self-Insured (SI) IME Volume

Number of Reported SI IME Bills (consolidated)  
by Bill First Service Date



- Consolidated count of IME bills consists of each unique *Claim ID* and *Bill First Service Date* combined, as one IME visit may generate multiple bills. This produces an estimated number of IMEs based upon SI Medical Bill EDI data.
- Figures shown will increase over time as reports are made, as it can take up to 120 days (or more) from the date of service for a medical bill report to come through the EDI system.

Data current up to 11/8/2021

# Around the Table Discussion – 30 Minutes

- Hot Topics
- Questions and Comments
- Future Topic Suggestions
- Next Meeting – ***May 5, 2022***